

Date Received

Office Use Only

STATE OF MAINE
DEPARTMENT OF AGRICULTURE
FOOD AND RURAL RESOURCES
DIVISION OF PLANT INDUSTRY
#28 STATE HOUSE STATION
AUGUSTA, MAINE 04333
TEL# (207) 287-3891 FAX # (207) 287-7548
HEARING IMPAIRED # (207) 287-4470

License # _____
Authority _____
Date Issued _____
Date Expires _____

Study Guide Mailed: _____

APPLICATION FOR EXAMINATION

☐ FIRST CLASS LANDSCAPE ARBORIST

☐ MASTER LANDSCAPE ARBORIST

☐ FIRST CLASS UTILITY ARBORIST

☐ MASTER UTILITY ARBORIST

FEES

Application - \$15

Exam - \$50 each or \$75 for both

FEES

Application - \$15

Exam - \$75 each or \$100 for both

Make check payable to: Treasurer State of Maine

Please check ☒ appropriate authority

Social Security Number _____ - _____ - _____

The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Print Name _____

Last

First

MI

Street _____

City _____ **State** _____ **ZIP** _____

County _____

Home Phone # (____) / ____ / ____ **Work Phone #** (____) / ____ / ____

Date of Birth ____ / ____ / ____ **Sex:** ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation?

☐ Yes ☐ No

IF YOU ANSWERED "YES" TO THE CRIMINAL CONVICTION QUESTION, PLEASE ENCLOSURE A LETTER FROM YOU EXPLAINING IN DETAIL, THE DATE(S) AND CIRCUMSTANCES SURROUNDING YOUR CONVICTION(S) AND ANY AND ALL STEPS YOU HAVE TAKEN WITH RESPECT TO REHABILITATION.

(over)

TRAINING AND EXPERIENCE RECORD

A copy of an official transcript must be forwarded with the application if education is to be used in lieu of experience.

PRESENT OR LAST EMPLOYER : <hr/> COMPLETE ADDRESS: TELEPHONE # _____	DATES OF EMPLOYMENT From: ____/____/____ To: ____/____/____ mm dd yr mm dd yr. Total hours per week: _____ Total hours per year: _____ YOUR TITLE: _____
DETAIL OF WORK PERFORMED: REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRESENT OR LAST EMPLOYER: <hr/> COMPLETE ADDRESS: TELEPHONE # _____	DATES OF EMPLOYMENT From: ____/____/____ To: ____/____/____ mm dd yr mm dd yr. Total hours per week: _____ Total hours per year: _____ YOUR TITLE: _____
DETAIL OF WORK PERFORMED: REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT: MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Applicant's
 Signature: _____ Date: _____